

P. O. Box 989003 West Sacramento, CA 95798-9003 (916) 574-7870 Fax (916) 574-8620



Crematory License 2007 1st Quarter Report

For Bureau Use Only
License Number
Receipt Number
Date Processed

			Date Processed	
Due on	or b	pefore: April 30, 2007		
Cremate	ory]	Name:		
Li	icens	se No.:		
List the tota	al nur	mber of cremations performed from Janu	uary 1, 2007 through March 31, 2007.	
Г	-	T	1	٦
	A.	Number of cremations performed	x \$8.50 =	
		Total Due	\$	
Please make	e you	or check payable to the "Cemetery and F	funeral Bureau" and send to the P.O. Box	listed above.
Authorized Signature:			Date:	
Name (pri	int):			
Title:			Telephone:	



P. O. Box 989003 West Sacramento, CA 95798-9003 (916) 574-7870 Fax (916) 574-8620



			For Bureau Use Only	
Crematory License			License Number	
2007 2 nd Quarter Report		2 nd Quarter Report	Receipt Number	
			Date Processed	
Due on	or b	pefore: July 31, 2007		
Cremat	tory]	Name:		
${f L}$	icens	se No.:		
List the tot	al nur	mber of cremations performed from April	1 1, 2007 through June 30, 2007.	
	A.	Number of cremations performed	x \$8.50 =	
		Total Due	\$	
Please mak	ce you	r check payable to the "Cemetery and Fu	uneral Bureau" and send to the P.O. Box lis	sted above.
Author Signat			Date:	
Name (pr	rint):			
Т	itle:		Telephone:	



P. O. Box 989003 West Sacramento, CA 95798-9003 (916) 574-7870 Fax (916) 574-8620



			·	For Bureau Use Only	
Crematory License				License Number	
2007 3 rd Quarter Report				License Number	
2	(UU /	5 Quarter Report		Receipt Number	
				Date Processed	
Due on	or b	pefore: October 31, 2007			
Cremat	tory I	Name:			
L	icens	se No.:			
List the tot	al nun	nber of cremations performed from July	1, 2007 thro	ough September 30, 2007.	
	A.	Number of cremations performed		x \$8.50 =	
		Total Due		\$	
Please mak	ce you	r check payable to the "Cemetery and Fu	uneral Bure	au" and send to the P.O. Box lis	sted above.
Authorized Signature:			Date:		
Name (pr	rint):				
Title: _				Telephone:	



P. O. Box 989003 West Sacramento, CA 95798-9003 (916) 574-7870 Fax (916) 574-8620



			For Bureau Use Only
Crematory License 2007 4 th Quarter Report			License Number
			Receipt Number
			Date Processed
Due on	or b	efore: January 31, 2008	
Cremate	ory I	Name:	
Li	icens	e No.:	
List the tota	al nun	nber of cremations performed from Octo	ber 1, 2007 to December 31, 2007.
	A.	Number of cremations performed	x \$8.50 =
		Total Due	\$
Please make	e you	r check payable to the "Cemetery and Fu	uneral Bureau" and send to the P.O. Box listed above.
Authori Signati			Date:
Name (pri	int):		
Ti	itle:		Telephone: